California Mental Health State of the State 2020

REMHDCO

Racial and Ethnic Mental Health Disparities Coalition

Acknowledgments

In partnership with the California Department of Public Health, Office of Health Equity (OHE), the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) produced this manuscript summarizing the experiences of communities of color and LGBTQ groups in context of the COVID-19 pandemic and the killings of unarmed Black men and women. However the findings and conclusions in this report are those of the authors and do not necessarily represent the views or opinions of the California Department of Public Health or the California Health and Human Services Agency. Please review the end page for complete disclaimer language.

REMHDCO would like to express our sincere awe and appreciation for the work of our community partners who have demonstrated unfailing dedication to the well-being of their communities and who graciously agreed to participate in this work, despite the overwhelming demands on their time during these crises. Thank you for your ongoing efforts to bring about positive change for our communities. In addition, we would like to thank OHE for their continued work to reduce disparities for communities of color and LGBTQ communities.

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Executive Summary

The year 2020 brought unprecedented health and mental health challenges. The killings of unarmed black men and women took center stage in public awareness and discourse. Public reaction to these killings occurred in context of the COVID-19 pandemic, which itself brought a host of health and mental health challenges. This report presents the results of a study aimed at understanding the impact of these historic events on mental health needs and service delivery in California, with a particular focus on historically underrepresented communities. Based on a review of the literature as well as key informant interviews, the following findings emerged:

- **Critical role of community-based organizations (CBOs).** In response to the unprecedented challenges of this year, CBOs pivoted swiftly to meet the needs of their communities. As trusted community resources, CBOs were invaluable in providing basic and essential services. These services included food distribution, wellness checks, emergency financial support, public health outreach, education, and testing, assistance with accessing care and schooling online, technological assistance, warm-lines for community members to help ease the strain, and mental health treatment through phone and video-visits.

- **Increase in mental health problems due to COVID-19.** COVID-19 and the ensuing shelter-in-place mandate strained many communities emotionally and financially. Communities of color experience a higher burden of physical and mental health problems related to the COVID-19 pandemic. Key informants from these communities reported higher rates of distress, anxiety, depression, isolation, panic, grief, and suicidality in addition to heightened financial stress during the pandemic.

- **Racial Injustice elicits fear, anger, and post-traumatic stress.** The highly publicized killings of George Floyd and other people of color elicited a range of responses across communities including post-traumatic stress symptoms, anger, fear, despair, and hopelessness. Lack of access to social support (faith-based organizations, mental health providers, friends and family) due to the pandemic exacerbated this distress.

- **Resilience and solidarity.** Despite these challenges, pockets of resilience, solidarity, and strength were evidenced across communities.

Recommendations:

- **Recognize, value, and fund CBOs.** During this time of crisis, many public health departments turned to CBOs for assistance in reaching underserved communities. However, these organizations seldom receive adequate funding. Statewide and at a

county level, funds should be allocated specifically to provide ongoing support not only for direct services provided by CBOs, but also for general operating support and continuous outreach and engagement.

- **Support relationship building and collaborative community efforts.** The success of CBOs in addressing the crises in communities hinged on their pre-existing relationships with communities built through years of patience and hard work. These relationship building activities should be viewed as public health interventions and awarded robust and sustained funding.

- **Engage in efforts to address systemic racism.** Key informants were unanimous in their understanding that racial injustices could only be addressed through broad and systematic changes to institutions, policy, infrastructure, and by building awareness at a state level of structural racism. Specific strategies to address systemic racism include enacting an executive order to declare racism a public health crisis, ensuring equity in hiring and contracting process, and providing ongoing education and training to policy makers regarding social, economic, health, and mental health disparities as well as structural racism.

Introduction

The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) is a statewide coalition of individuals from non-profit statewide and local organizations whose mission is to work to reduce mental health disparities through advocacy for racial and ethnic communities. To better support advocacy efforts and to inform statewide leaders on current issues in mental health, REMHDCO conducted a study to explore the effects of the unprecedented events of 2020 on the mental health of minority communities throughout California. Specifically, this study explored the effects of the COVID-19 pandemic and the highly publicized killings of Black men and women and subsequent "racial awakening" on the mental health of minority communities. Further, the study examined changes in service delivery based on these events. As comprehensive data on the mental health in the immediate aftermath of COVID-19 and the killing of George Floyd is not currently available, this study conducted 1) a review of published studies and 2) interviews with community leaders. These data sources provided a compelling snapshot of the dramatic effects of events on communities and the swift mobilization of resources that community-based organizations (CBOs) underwent to respond to the crises.

COVID-19, Disparities, and Mental Health

The coronavirus-19 (COVID-19) is an infectious disease which was originally identified in November of 2019 and reached pandemic proportions in March of 2020. Worldwide, there have been 39,944,882 confirmed cases of COVID-19 and 1,111,998 deaths, with the United States reporting over 8 million cases, the highest number of cases relative to all other nations (World Health Organization COVID-19 Dashboard, 2020 retrieved on October 8, 2020). As of October 18, 2020, California reported 870,791 cases and 16,970 deaths.

COVID-19 Disparities

Communities of color bear a disproportionate burden of illness and death due to COVID-19. According to Centers for Disease Control (CDC) disparities are greatest for American Indian and Alaska Natives, Black and African Americans, and Latinx. Compared to Non-Latinx Whites, American Indian and Alaska Natives are 2.8 times more likely to have a COVID-19 diagnosis, 5.3

times more likely to be hospitalized, and 1.4 times more likely to die of COVID-19. Similarly, African Americans and Latinx are 2.6 times and 2.8 times more likely (respectively) to have a COVID-19 case, 4.7 and 4.6 times more likely (respectively) to be hospitalized, and 2.1 and 1.1 times more likely (respectively) to die of COVID-19 (CDC, 2020; see Table 1). Disparities are most pronounced for children and youth under age 21: Latinx and Black children represent 40% and 16% of pediatric cases respectively and together make up 74% of pediatric deaths related to COVID-19 (Bixler, 2020).

Table 1: CDC COVID-19 Cases, Hospitalizations and Deaths by Race and Ethnicity (CDC, 2020)

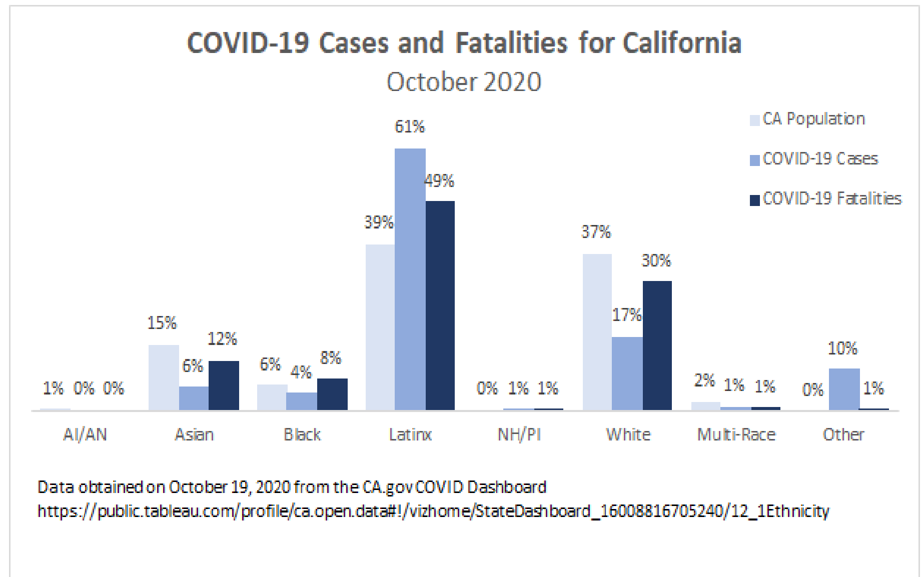
Rate ratios compared to non-Latinx White	American Indian or Alaska Native	Asian	Black or African American	Latinx
Cases	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death	1.4x higher	No increase	2.1x higher	1.1x higher

In California, the majority of persons afflicted with COVID-19 are Latinx: 39% of Californians identify as Latinx, however they represent 61% of cases and 49% of fatalities (California Department of Public Health, 2020). While Black communities are not overrepresented in California cases, they bear a disproportionate burden of hospitalizations and death. A recent study conducted in a large California health care system reported that African American patients were 2.7 times more likely to be hospitalized for COVID-19 when compared to non-Latinx Whites (Azar et al., 2020). Further, while they represent only 6% of the population in California, Blacks account for 8% of fatalities related to COVID-19. It is important to note that while Asian Americans did not evidence higher rates of COVID-19, variation within the Asian American population may mask important disparities. For example, key informants stated that the Samoan population in the San Francisco/Bay Area region experienced high rates of COVID-19

infection relative to other groups. Disaggregated data may provide a more accurate picture of COVID-19 infection rates for Asian American subgroups.

Reasons for COVID-19 Disparities

Given the ubiquity of health disparities, the finding that racial and ethnic minority communities bear a disproportionate share of the burden of COVID-19 illness is not surprising, however several unique conditions have increased the vulnerability of these groups to COVID-19. These conditions fall into three categories: greater prevalence of pre-existing conditions, increased exposure to adverse conditions, and decreased opportunities to follow health precautions (Yancy, 2020; Hooper et al, 2020).



African American, Latinx, and Native American communities tend to have higher rates of heart disease, diabetes, asthma, obesity, and hypertension, all of which increase susceptibility to disease. Social determinants contribute to the higher prevalence of these illnesses as inequitable access to resources and increased exposure to adverse circumstances may cause or exacerbate disease. Further, the experiences of racism and discrimination independently heighten vulnerability to chronic illnesses (Williams et al., 2019). While a comprehensive review of the social and economic precursors to disparities in health is outside the scope of this report, it is important to note that the pre-existing conditions which place minority groups at higher risk of COVID-19 are largely determined by inequitable social and economic conditions (Jones, 2000).

People of color are more likely to live in communities characterized by poverty, high residential density, decreased access to clean water, and higher air pollution. A higher proportion of

people of color live in crowded urban settings, have higher rates of multi-generational family cohabitation, and are more likely to use public transit which may contribute to higher rates of infection (Perry et al., 2020). A recent Harvard study showed that communities with higher poverty rates, greater household crowding, and greater percentage of people of color had higher COVID-19 rates (Chen & Krieger 2020). Poorer access to clean water in areas with higher percentages of people of color, particularly Native Americans, may contribute to limited ability to engage in hand-washing and other sanitation practices (Roller et al., 2020). Finally, COVID-19 complications have been linked to air pollution, which is more likely to affect communities of color.

People of color are less likely to work in occupations in which working from home is an option, more likely to work in public-facing occupations, and more likely to reside in settings in which contact with others is unavoidable. A study by the US Bureau of Labor Statistics suggests that only about 20% of African Americans work at occupations in which working from home is an option compared to about 30% of non-Latinx Whites. Further, minorities are overrepresented in service and essential industries (such as food and agriculture, home health care, and transportation; US Bureau of Labor Statistics, 2019). Racial and ethnic minorities are more likely to reside in congregate care homes (such as group homes for foster children) and criminal justice settings. Finally, minority individuals are more likely to be homeless. These living conditions create challenges for engaging in COVID-19 preventive practices such as social distancing and handwashing (Yancy, 2020).

> "Thus, consider the aggregate of higher burden of at-risk comorbidities, the pernicious effects of adverse social determinants of health, and the absence of privilege that does not allow a reprieve from work without dire consequences for a person's sustenance, does not allow for safe practices, does not even allow for 6-foot distancing."
>
> - *Yancy, 2020*

Mental Health Disparities and COVID-19

Pandemic conditions have placed many at risk for the development of mental illness. Financial stress, grief, and social isolation have led to sharp increases in mental health problems. The

Bureau of Labor Statistics reports that third quarter unemployment rates jumped from 3.7% in 2019 to 8.9% in 2020. For African Americans and Latinx, the increase in unemployment has exacerbated pre-existing disparities: African Americans went from an unemployment rate of 5.6% to 13.2% and Latinx from 4.2% to 11%. Recent studies suggest pandemic-related job losses have increased mental health symptoms and these experiences are particularly prevalent for Latinx and Black Americans (Purtle, 2020). Further, as noted above, African American and Latinx communities have higher rates of mortality due to COVID-19, and thus are more likely to experience the death of a close loved one (Purtle, 2020). The experience of a death in the family, compounded with a lack of social support available from traditional sources: faith-based organizations and gatherings of family and friends may heighten susceptibility to mental health problems associated with grief and loss.

In fact, several studies have documented a sharp rise in mental health problems since the beginning of the pandemic. A review of studies across several countries provides evidence for high levels of symptoms of depression, anxiety, stress, post-traumatic stress disorder (PTSD), and psychological distress (Xiong, et al., 2020). Similarly, a survey conducted in June of 2020 indicated elevated rates of depression, anxiety, and suicidal ideation: compared to 2019, in 2020 symptoms of anxiety disorder increased threefold (from 8.1% to 25.5%), the prevalence of depression was four times higher (24.3% compared to 6.5%), and the prevalence of suicidal thoughts was almost twice as high (10.7% versus 4.3%). This study also found significant disproportionality, with African Americans and Latinx reporting higher levels of anxiety, depression, and suicidal thoughts (Xiong et al., 2020).

Race Discrimination and COVID-19

In addition to the health and mental health challenges posed by COVID-19, the Asian American community has faced a rise in discrimination and hate crimes related to COVID-19. In defiance of the World Health Organization guidelines, President Donald Trump repeatedly referred to COVID-19 as the "China Virus", an action which has made it easier to place blame for the pandemic on China and on Asian populations in general (Glover et al., 2020). Discriminatory

actions ranging from racial microaggressions to violent attacks against Asian Americans have been on the rise. Incidents include the stabbing of two young children in Texas, the beating of a young woman in Manhattan, and the dousing of an Asian American woman with acid in Brooklyn (Glover, 2020). The "Stopaapihate.com" website, which enables individuals to report incidents of hate and discrimination, reported that in California in the months following the onset of the pandemic, over 800 reports of discrimination and harassment were received. Incidents included physical assault, verbal harassment, spitting, name-calling, and violations of civil rights (Stop AAPI Hate, 2020). A study examining online content further suggests that the rise in xenophobia has affected not only the Asian community but also has generalized to include the Latinx community (Vashuska, 2020). While research directly linking COVID-19-related racism and xenophobia to mental health problems is lacking, numerous studies have demonstrated a link between racism and mental and physical health problems (Edara et al., 2020). Further, heightened anxiety, fear, and distress may contribute to mental health problems.

The Killings of Unarmed Black Men, Women, and Children

On May 25, 2020, in the midst of the COVID-19 pandemic, police officers in Minneapolis murdered George Floyd, a 46-year-old Black man who had been shopping at a local convenience store. The murder occurred in broad daylight in view of bystanders who pleaded for his release. Coming close on the heels of the killings of Breonna Taylor and Ahmaud Arbery, the murder of George Floyd was met with outrage on an international scale. Protests in all 50 states and over 60 countries called for an end to racial injustice and police brutality (Weine et al., 2020). The killing of George Floyd represented a watershed moment, when collective outrage over brutality against Black communities reached a threshold that activated worldwide support for the Black Lives Matter (BLM) movement.

> When George Floyd called out for his mother in that video that went worldwide, Black mothers everywhere heard the call in our very hearts and souls.
>
> - *Black Community Leader*

Prevalence of Police Brutality and Racial Injustice

Black men are 2.5 times more likely, Native American men are 1.2-1.7 times more likely, and Latinx men are 1.3 to 1.4 times more likely to be killed by police when compared to non-Latinx Whites. In fact, according to recent estimates, 1 in 1000 Black men will be killed by police (Edwards, 2019). Black men experiencing mental health problems are particularly at risk: almost 50% of calls which result in police use of force are for service or calls for help. Almost 20% result in death and close to 60% result in serious bodily injury (Edwards 2019). Men and women of color are also more likely to die in police custody (California Open Justice Portal, 2020). Finally, as demonstrated by the deaths of Ahmaud Arbery and Trayvon Martin, the killing of unarmed Black men and boys is not limited to law enforcement: many killings have taken place at the hands of civilians.

Since the abolition of slavery, policies enacted to incarcerate, segregate, and disenfranchise Black communities have led to disproportionate confinement and increased contact with police. For example, "stop and frisk," "broken window policing," "redlining" and the "war on drugs" involved policies that resulted in over-policing of Black communities, residential segregation, and disproportionately high rates of arrest and confinement. One in 12 Black men ages 25-34 are incarcerated (Wolfers, 2019).

Further, disparate treatment has led to inequities across points of encounter in the criminal justice system, such as longer sentences and higher rates of solitary confinement for Black prisoners. According to a study of the New York City Jail system, Black children were 18 times more likely to be tried as adults and Black individuals were given sentences that were 20% longer for the same crimes compared to non-Latinx Whites. Incarcerated people of color were less likely to receive mental health care for mental health problems and more likely to be placed in solitary confinement (Kaba et al, 2015).

Effects of the Killings of Unarmed Black Men, Women, and Children on Mental Health

The effects of the violence and injustice towards the Black community are far-reaching. The effects of police brutality may occur in various ways including 1) experience of racial profiling by

police, 2) the experience of police violence, and 3) exposure to the experience of others, including caregiver encounters with police (Boyd et al., 2016). These experiences may be traumatizing and may cause fear, anxiety, and post-traumatic stress symptoms. According to Bor and colleagues (2018), "Police killings of unarmed Black Americans might compromise mental health among other Black Americans through various mechanisms, including heightened perceptions of systemic racism and lack of fairness, loss of social status and self-regard, increased fear of victimization and greater mortality expectations, increased vigilance, diminished trust in social institutions, reactions of anger, activation of prior traumas, and communal bereavement." Studies suggest that in the weeks and months following a high-profile police killing of a Black community member, Black individuals not just in the victim's community, but also across the state in which the killing occurred experience greater psychological distress and mental health problems (Bor et al., 2018).

Interactions with police are associated with elevated levels of post-traumatic stress disorder (PTSD) depression, anxiety, psychotic symptoms, and suicidality for Black men (McLeod, 2020). In children, exposure to police interactions is associated with behavior problems, poor school performance, increased suspensions and expulsions, PTSD, depression, and migraines (Boyd et al., 2018). Even pregnant African American mothers report high anticipatory stress and elevated depressive symptoms related to worry over future police contact with their unborn children (Jackson et al., 2018).

Further, recent research has suggested that repeated exposure to racism and racist events may produce a physiological effect called "weathering" in which chronic stress wears down physiological defenses. Weathering produces a heightened vulnerability to disease which increases the individual's risk of succumbing to chronic illness such as heart disease and diabetes and decreases resistance to infectious diseases (Bale et al., 2020). Recent events have presented a confluence of this risk for Black communities: the introduction of a highly infectious and serious disease as well as the dramatic and visual representation of the death of an unarmed Black man at the hands of police officers.

Excess deaths and incarceration have led to lower numbers of Black men across communities. The absence of Black men in communities may have pervasive effects on children, youth, and families, eroding the fabric of communities, decreasing access to a protective caregiver network, and decreasing financial resources within communities (Wolfers, 2019). Further, the impact of police violence on Black women as either direct or indirect victims is sometimes overlooked. Black women suffer greatly from violence and injustice as they are often left to bear the overwhelming burden of care (financial, emotional, and physical) for Black children, relatives, and fictive kin.

Study

A timely, comprehensive analysis of community mental health is challenging given the sudden and unexpected nature of the COVID-19 pandemic and the killing of George Floyd. This study sought to help fill this gap by interviewing community leaders regarding their observations and experiences in the wake of these two events. This study obtained first-hand accounts from key informants about the effects of these two historical events on community mental health and mental health service delivery.

Participants

Interviews were conducted with 10 key informants who are advocates for the LGBTQ, African American, Latinx, Native American, and Asian and Pacific Islander communities. All key informants have leadership positions within CBOs; most are executive directors while a few are program leaders. They represent CBOs serving communities throughout the state including the Central Valley, Southern California, the Bay Area, and Northern California. A key informant interview script was used, and questions were asked regarding the participant's role in their organization and their community, the effects of COVID-19 and the killings of Black men, women, and children on the mental health of community members and on service delivery (see Appendix A). Audio recordings were made of the interviews as well as detailed notes. The interviews were then reviewed by the project personnel to identify key themes in responses.

Findings

Audio files of the interviews as well as interview notes were reviewed using an open-coding qualitative analysis method to identify key themes. The following themes emerged across the interviews.

Community Mental Health Needs in the Context of COVID-19

Key informants across communities suggested that COVID-19 and the subsequent shelter-in-place mandate created conditions of fear, anxiety, stress, depression, and even increased rates of suicide in their communities. Many communities were already struggling to survive financially and emotionally prior to the pandemic and COVID-19 had the greatest impact on the most vulnerable communities. One participant from the Native American community suggested that COVID-19 created a sense of crisis and feelings of panic in a community that is already hard hit by challenging life circumstances and long histories of intergenerational trauma.

> "Many have already been in a panic state. So now you add more crises, it's really paralyzing people. Services like ours provide a sense of community, hope, something to look forward to. They are not able to get that now."
>
> *-Native American Community Leader*

Furthermore, unemployment became a significant issue for individuals in underserved communities. Despite rising levels of mental health problems, the focus for many community members was on meeting basic needs. Many in communities of color and LGBTQ communities found themselves struggling to make ends meet financially, while coping with fear of COVID-19.

Key informants reported that with the increased stress combined with reduced access to support and services, community members began to evidence heightened levels of anxiety, depression, post-traumatic stress symptoms, and suicidal thoughts and behavior. People felt isolated at home, stressed over finances, and fearful regarding the virus. Many participants had anecdotal reports of suicides in their communities. Further, those employed as essential workers feared for their own health and that of their family members. Disproportionate deaths in these communities led to grief and loss.

> “Culturally if someone passes away, you’re supposed to pay your respects, come to the house of worship, provide an envelope…when you take that away from someone, especially an elder, it affects them so deeply.”
>
> *-Pacific Islander Community Leader*

People in marginalized communities were vulnerable to misinformation regarding the virus, and many expressed uncertainties about the nature of the illness and protective measures. Heightened anxiety over finances as well as fear of getting sick or losing loved ones to the illness further plagued communities. In following “shelter in place” orders, many were confined to their homes, unable to access social or family networks, gatherings, and faith-based services.

> “Gatherings…they are information sources, they are places where you might see your doctor, get medical advice. Church gatherings, they play an outsized role in immigrant communities…the desire to meet is more than just wanting a spiritual gathering, it’s a desire to go back to the only thing that connects you to information and resources.”
>
> *-Asian American Community Leader*

Despite these challenges, there were pockets of resiliency identified throughout communities. In the Korean community of Orange County, a food drive was organized to deliver culturally resonant foods to elders, a move which brought smiles and tears to many who suffered from prolonged isolation. In the LGBTQ community, many had lived through the AIDS epidemic, and they had experience and strength to draw on.

> “This is a community that lived through the AIDS pandemic. The resilience is still there today. People may be activated and triggered by past experiences of seeing many of their friends die. Due to homophobia and fear many were rejected by their families of origin and created chosen families. This human innovation created a resilience that our community members call upon today. Social distancing was present back then and our community used it to create a model of care still being used today. Our community continues to embody that strength and compassion.”
>
> - *LGBTQ Community Leader*

Mental Health Service Delivery During COVID-19

The most compelling story behind community based mental health service delivery in the COVID pandemic was the swift and nimble pivot that CBOs were able to achieve to meet the needs of community members. CBOs shifted and adapted, mobilizing resources, reorienting care, and

addressing new community needs. Suddenly services revolved around providing food to isolated elders and other vulnerable community members, developing culturally tailored educational materials on COVID-19, conducting outreach and testing, assisting community members in accessing care and schooling online, providing technological assistance and emergency financial support, establishing warm-lines for community members to help ease the strain, conducting wellness checks, and providing mental health treatment services online. Community based organization leaders and staff worked around the clock to ensure that they continued to be a source of support and resources for their communities.

> "We created a warm line, a listening line, it was a place for people to call and say, 'I hate this'. We were there to be a sounding board, a listening ear, a place of support."
>
> \- *African American Community Leader*

To ensure that community members felt supported and continued to feel engaged, one organization reviewed their call and visit logs for the previous fiscal year and called everyone who had had contact with the organization, providing support, reassurance, and technical assistance when needed.

> "Since the pandemic started back in March, we've conducted over 7,800 calls to community members to make sure they know they are not forgotten. We acted quickly so that social distancing did not turn into social isolation."
>
> \- *LGBTQ Community Leader*

Many organizations ramped up their food distribution services. Further, CBOs developed educational materials to counter misinformation on COVID-19 and one organization engaged youth to develop illustrations to accompany a public health guide. In one county, the local public health department sought the assistance of a local CBO to conduct public health outreach and education. Translation of materials into several languages was conducted. Yet another organization sought assistance from the technology sector to provide free ipads and free technical assistance to assist community members in accessing online services. **In sum, when COVID-19 hit, community-based providers were able to pivot their services quickly to meet new and changing community needs. As a consequence, they became a critical**

resource for communities and for public health departments seeking to reach these communities.

> "The food security work that we have been doing is an ongoing service. Before COVID-19 we were doing two distributions a month. We are now doing two per week. Between April and June we gave out 225,000 pounds of food, we have been stretching our infrastructure to meet the significant needs."
>
> - *Latinx Community Leader*

> "We saw a big gap in the public health information and outreach. We brought on somebody who has developed a training curriculum and outreach strategies to the communities that we are serving and we focused on the public health guidance and protocols."
>
> - *Latinx Community Leader*

Concerning mental health care, the most notable impact of COVID-19 was the inability to engage in direct in-person services. Many key informants stated that a long-standing presence in communities built on in-person engagement helped to center CBOs as a place of comfort and support. Establishing relationships through home visits, participation in community events, school-based services, and clinic gatherings was critical to providing effective mental health care in communities. When COVID-19 mandates went into effect, CBOs were no longer able to do the work of building relationships in their communities.

> "Our inability for us to go out to the community, for them to see our faces, talk to them, hug them - that is the biggest impact."
>
> - *Pacific Islander Community Leader*

> "...We are serving the kids that most aren't serving. It's relationship-based, knocking on doors, and persistence…The diagnosis, pills, evidence-based programs, that is down the road. You have to build the relationships first. And trust. If you don't have it, you don't have a programs. [They] are part of our family."
>
> - *Native American Community Leader*

Finally, key informants reported that COVID-19 stretched the capacity of CBOs as staff and leadership struggled to meet overwhelming needs of their communities, while managing the

impact of COVID-19 in their own homes. Many staff have young children and were managing their remote schooling requirements while trying to keep up with the changing demands of food distributions, public health education, and the shift to remote service delivery.

> "The needs of our community for information, support, resources, and even virtual 'handholding' is taking its toll on our operations and resources. Our need to pivot has required all-hands-on-deck."
>
> \- *African American Community Leader*

Community Mental Health Needs in the Context of the Killings of Unarmed Black Men, Women, and Children

Reactions to the death of George Floyd and the subsequent worldwide protests in support of the BLM movement were wide-ranging and included frustration, fear, anger, pain, hopelessness, hopefulness, and solidarity. Of these, the most pervasive and salient responses were fear and anger. Fear was particularly felt in Black communities, where many felt afraid for their safety and the safety of loved ones. One key informant discussed the depth of the anxiety and fear of Black mothers who feel powerless to protect their children. Another key informant suggested that for many Black community members, the death of George Floyd elicited post-traumatic symptoms such as anxiety and hypervigilance. This fear and anxiety contributed to hopelessness, despair and even suicidality for some community members. Other community members felt anger at the continued killing of Black people and at societal indifference that would enable police officers to continue to kill with impunity. According to one key informant,

> "This brought back traumas. People had experiences and it brought back memories...There was a sense that they weren't safe. Not from other people on the street, but from the police. We had people that said that they were continuing to kill Black people and it would embolden police officers in other parts of the country. That they had wanted to do for a long time. The fact that they were getting away with it would embolden other police officers. Those are tough feelings for people to have to deal with."
>
> \- *African American Community Leader*

Another key informant stated,

> "It's almost unquantifiable. It's not a new thing. This has been the latest wave, but my staff will talk about how this has been hundreds of years of this kind of violence perpetrated against African Americans and people of color....what is different about this wave is the visual aspect of it...it has been painful."
>
> - *Latinx Community Leader*

For some communities, the events that followed the killing of George Floyd were a validation of experiences they had had for a long time, but which went largely unrecognized. On the one hand, some felt gratified and hopeful that worldwide attention was focused on suffering that had been present for so long. The international protests gave some community members hope that the events would galvanize change to address the violence. Others felt despair and frustration at the continued violence against the Black community that does not seem to have changed over the years.

The deaths of George Floyd, Ahmaud Arbery, Breonna Taylor and others and the resurgence of the BLM movement also elicited feelings of solidarity in many communities. For example, among the Pacific Islander community many young people rallied to support their Black neighbors. In San Francisco, the LGBTQ community held events in support of BLM. Communities such as the Native American community, that also experiences disproportionate law enforcement contact, felt connected to the BLM movement and impelled to seek justice for the many missing and murdered indigenous people. To help inform recently immigrated communities, one CBO translated fact sheets about BLM into various languages.

Mental Health Service Delivery Following George Floyd and the Killings of Unarmed Black Men, Women, and Children

To address rising mental health needs following the death of George Floyd, CBOs implemented several strategies to bolster support to communities and to broadly address systemic racism with their staff. Particularly in Black communities, CBOs initiated efforts to provide supportive services such as warm lines for listening that were instrumental in helping those struggling with post-traumatic stress symptoms, fear and anger. In addition, CBOs conducted targeted outreach efforts to ensure that community members were aware of the available support services. Some CBOs posted signs illustrating their support of the BLM movement and others held events

honoring Black lives. For those who had transitioned to virtual or phone-based mental health care and school-based online services, efforts were made to provide safe spaces for conversations regarding racism. CBO leaders participated in community protests to help create a sense of safety and solidarity.

> "[Our] work is to join with Black women statewide to pick up the pieces, deal with our pain, and strengthen our resolve to carry on with love and care... Our services are affected, our staff is affected, our Sisters are affected."
>
> - *African American Community Leader*

For some CBOs, addressing systemic racism was already an integral part of their programming, so providers were able to seamlessly weave BLM discussions into their services and empower community members to act. One CBO in particular has several strategies for addressing systemic racism and police brutality through their programs. Specifically, programming involves 1) strategies to avoid law enforcement contact, 2) education regarding civil rights during a law enforcement encounter, and 3) role plays to practice talking to police officers. The organization empowers youth to create systemic change in communities. Further, this organization provides role models that serve as a buffer between youth and law enforcement and that represent successful people of color in education and other fields.

> "We try to counter those images...We intentionally brought in African American speakers that have been successful as a way of countering the images. That is an effort to protect the self-esteem of the children and youth that we have been working with and to protect their culture."
>
> - *Latinx Community Leader*

Key informants across all communities reported that they held staff meetings to process reactions to the violence witnessed and to discuss racism in their communities. Some CBOs took the opportunity to survey staff on racism within their organizations to inform plans to address organizational racism and bias. Others held book clubs and webinars on systemic racism or distributed resources. For some CBOs, a team approach was key to their model and this infrastructure facilitated the discussion and processing of events which were challenging to many staff members.

> "This has given us a platform to bring it in to our conversations, our training, our staff team meetings."
>
> - *Native American Community Leader*

Summary and Recommendations

Key informants suggested that county and state agencies should recognize and value the critical role of CBOs in times of crisis. CBOs have long histories of providing services in communities; they have developed the trust of community members and are often the point of access for services. Given limited funding, CBOs stretch resources and build capacity to work across disciplines, providing mental health, dental care, youth development, public health and many other services. Thus, in the face of the pandemic and the upheaval following George Floyd's death, CBOs were able to pivot swiftly and adapt to unprecedented challenges. CBO staff worked around the clock to develop and implement food distribution programs, wellness checks for community members and public health outreach materials and strategies. Many counties relied on these CBOs to reach members of communities and provide key public health services.

> "There needs to be an approach to accelerate the investment of resources directly into communities that are disproportionately impacted. A good thing that can come out of this is some recognition and acknowledgment of this infrastructure and why it's so important to our marginalized communities. That's an amazing takeaway and a story in and of itself. But often it is discounted and not appreciated for the resiliency, the nimbleness and the effectiveness of it. Here we are in the middle of this pandemic and nonprofits are in the lead."
>
> - *Latinx Community Leader*

Nonetheless, CBOs continue to receive very little recognition for the services and their unique capabilities. They are often not part of decision-making or priority-setting at the county level. Further, they often struggle with obtaining funding to support their programs. Thus, key informants recommend increasing the visibility and recognition of CBOs as key links in the network of mental health and social service providers and providing sustainable funding for these organizations.

> "The nonprofit sector fills gaps in community care that are often the result of systemic and structural inequities in public systems. Nonprofits are also filling gaps in communities that result from products, practices, and social responsibility in the private/corporate sector... we advocate for a paradigm shift in investment in nonprofit organizations, including the possibility of a tax on corporations and the wealthy to provide a consistent baseline level of funding to non-profit organizations to support retirement funding for senior staff and professional consultant pool for registered CBOs in California."
>
> - *African American Community Leader*

Many participants noted that a critical factor in their success in adapting, providing support and delivering services was the existence of a strong bond with communities. To establish this foundation, CBOs spent years in outreach and engagement activities, attending public events, conducting home visits, knocking on doors, and forging partnerships with schools and other providers. Key informants recommended that this activity - building relationships that form the foundation of community engagement - be considered an important part of effective service provision. Accordingly, community engagement efforts should receive ongoing funding.

Finally, community leaders recommended scaling up efforts to address racism. They suggested that policy change at all levels is needed. State and local organizations should be intentional in addressing racism within their organizations, in hiring, promotion, retention, and contracting practices as well as in organizational climate. In addition, key informants recommended that state and county organizations invest in initiatives to provide implicit bias and racial microaggressions training as well as education regarding structural and systemic racism. Participants suggested major changes in statewide policy to address racism, such as an executive order to declare racism as a public health crisis. This would pave the way for enacting various initiatives to curb systemic and structural racial inequities.

In conclusion, this report illuminates some of the unique and difficult challenges which people of color and LGBTQ communities continue to face, and their complex connections to systemic racism and discrimination. The barriers to addressing these challenges are substantial. Nonetheless, the community leaders featured in this report point the way towards sustainable change, providing innovative strategies and boundless passion and dedication to these issues.

Similarly, 2021 brings new hope that providers, legislators, and policymakers will answer their call to action with renewed vigor and dedication.

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Appendix A: Interview Questions

1) Describe your organization and your role in your organization.

2) How has the COVID-19 pandemic affected your community? How has it affected mental health?

3) How has the “racial awakening” or the highly publicized killings of unarmed black men and women affected your community? How have these events affected mental health?

4) How has the COVID-19 pandemic affected the services you provide?

5) How has the “racial awakening” or the highly publicized killings of unarmed black men and women affected the services you provide?

6) Do you have any recommendations moving forward? Is there any policy or strategy you can suggest to address the concerns you identified?

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